

## **Application Data Sheet**

### **Application Information**

Application number::	
Filing Date::	September 22, 2003
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	YES
Number of copies of CRF::	1
Title::	Process for Decreasing Aggregate Levels of Pegylated Protein 161765.00522
Attorney Docket Number::	
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	2
Total Drawing Sheets::	4
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	NO

## **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Denis
Middle Name::	M.
Family Name::	Boyle
Name Suffix::	
City of Residence::	Marthasville
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Country of Residence::	US
Street of mailing address::	19461 Fox Meadow Lane
City of mailing address::	Marthasville
State or Province of mailing address::	MO
Country of mailing address::	US
Postal or Zip Code of mailing address::	63357

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	John
Middle Name::	J.
Family Name::	Buckley
Name Suffix::	
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Country of Residence::	US
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City of mailing address::	Ofallon

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Country of mailing address:: US  
Postal or Zip Code of mailing address:: 63366

Applicant Authority Type:: Inventor  
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Given Name:: Gary  
Middle Name:: V.  
Family Name:: Johnson  
Name Suffix::  
City of Residence:: St. Charles  
State or Province of Residence:: MO  
Country of Residence:: US  
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City of mailing address:: St. Charles  
State or Province of mailing address:: MO  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 63304

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: David  
Middle Name:: E.  
Family Name:: Steinmeyer  
Name Suffix::  
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State or Province of Residence:: MO  
Country of Residence:: US

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City of mailing address:: Clarkson Valley  
State or Province of mailing address:: MO  
Country of mailing address:: US  
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Applicant Authority Type:: Inventor  
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Status:: Full Capacity  
Given Name:: Michele  
Middle Name::  
Family Name:: Toal  
Name Suffix::  
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State or Province of Residence:: MO  
Country of Residence:: US  
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City of mailing address:: Chesterfield  
State or Province of mailing address:: MO  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 63017

Applicant Authority Type:: Inventor  
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Given Name:: Serdar  
Middle Name::  
Family Name:: Aykent  
Name Suffix::  
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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: IN  
Status:: Full Capacity  
Given Name:: Anurag  
Middle Name:: S.  
Family Name:: Rathore  
Name Suffix::  
City of Residence:: Thousand Oaks  
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Country of Residence:: US  
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### **Correspondence Information**

Correspondence Customer Number:: 22907

### **Representative Information**

Representative Customer Number:: 22907

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Non-Provisional of	60/412,227	09/20/02
This Application	Continuation-in-Part of	P-107,891	08/25/03

### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: Pharmacia Corporation  
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